11634**26**3 318 rimary Registration District No. 1003 Registrar's No. DO NOT WRITE AMENDED ELED BECS ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE MO. b. COUNTY admission) VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits St. L ouis 52 yrs. TOWN St. LOUIS. Yery¶⊡ No 🔲 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Yes 🙀 No 🗌 4518 Blair 4518 Blair Yes 🔲 No 🖼 3. NAME OF DECEASED Middle 4. DATE Day (Type or print) BESSIE SCHOENFELD DEATH Nov. 25, 1963 9. AGE (last birthday) | IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 5. SEX 7. Married 🔲 Never Married Unk. Ab. 75 Widowed A Female Gauc. 10a. USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired HOUSEWITE USA Rusaia 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Isadore Umk. Eisenberg MELWAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkness) (If yes, give war or dates of service) Frank Schoenfeld 9516 Minerva None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Coulval arteriosclerosis several means 10 RECORD MMEDIATE CAUSE (a) 11 DUE TO (b) Conditions, if any, which gave tise to 334× F above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased there a pregnancy in last 90 days. ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. "WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES D NO 2 WEDICAL Month, Day, Year 20c. TIME OF Hos RIBBON a,m. n.m BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK **TYPEWRITER** 21. I attended the deceased from 7A m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c, DATE SIGNED ö 22a, SIGNATURE mendelsolen, M.D. 4652 Maryland, St. Jouis 8, 44. AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE University City, Mo . United Hebrew Temple Cem. Ö. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE RAL DIRECTOR ADDRESS Berger Memorial 4715 CPherson ITEM 24. FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

A CONTRACTOR OF THE

r by	, Student Embalmer No
vorking under my personal supervision.	Signed This J. Heliny
Signature of Student Embalmer	
•	Licensed Embalmer No. Yvvg
•	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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